Please direct all telephone calls or telefaxes to James R. Crawford at:

James R. Crawford

une 22, 2001

19. TELEPHONE CONTACT

Fax: (212) 318-3400

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Please type a plus sign (+) inside this box +

UTILITY

(useable if Box 4b is checked)

(212) 318-3148

Telephone:

SIGNATURE

NAME

DATE

PATENT APPLICATION

Total Pages Attorney Docket No. (10104501) First Named Inventor or Application Identifier Rothenberger Assistant Commissioner or Box Patent Application Washington, DC 20231 6. ☐ Microfiche Computer Program 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. □Computer Readable Copy b. □Paper Copy (identical to computer copy) c. ☐ Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. ■ Assignment Papers (cover sheet & 9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) □Power of Attorney 10. ☐ English Translation Document (if applicable) 11. Information Disclosure Statement (IDS)/PTO-1449 □Copies of IDS Citations 12. ■ Preliminary Amendment 13.■ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed) Claiming Priority of German Patent Application No. 100 32 144.5-15 filed 15. ■Other: Assignment - Form PTO 1595-Exec. Assignment - Check for \$40.00 The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: ☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No: ☐ For this application, please cancel original of the prior application before calculating the filing fee. 18. CORRESPONDENCE ADDRESS or □ Correspondence Address below ■ Customer Number or Bar Code Label 24972

Reg. No. 39,155

	Complete if Known		
	Application Number	To be assigned	
FEE TRANSMITTAL	Filing Date	Herewith	
,	First Named Inventor	Rothenberger	
	Group Art Unit	To be assigned	
	Examiner Name	To be assigned	
	Attorney Docket Number	HANZ-201	

## **FEE CALCULATION**

## **CLAIMS AS FILED**

(1)	(2)		(3)	(4)	(5)
FOR: Small entity	NUMBER FI	ILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	10		0	x 9.00	\$ 0.00
INDEPENDENT CLAIMS	2		0	x 82.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	. 🗆		N/A	\$270.00	
			TOTAL FEES	\$710.00	

## **METHOD OF PAYMENT**

- □ Please charge Deposit Account No. 50-0624 in the amount of \$0.00
- A check for \$710.00 is enclosed to cover the cost of the Application filing fee.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED B	Y:		Complete (if applicable)
Typed or Printed Name	James R. Crawford		Reg. No. 39,155
Signature	Jam & Cranfal	Date: June 22, 2001	Deposit Account No. 50-0624